FOR INSTRUCTIONS, SEE BACK OF FORM This form is not applicable to statutory political committees.

## **Notice of Dissolution**

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

FORM	(Rev. 02/96)
DR-3	
NOTICE OF	
DISSOLUTION	
For Office Use Only	
Comm.#	
Indexed	
Audited	
Computer	
Certified Date of Dissolution	

## **COMMITTEE NAME**

Official Name of Committee		
Committee to Elect Sis Greiman Street		
2097 Sioux Ave City, State, Zip Code		
Garner, IA 50438  Area Telephone Code	2003	
(641) 923-3224		
Effective date of dissolution:	,	

Effective date of di	issolution: + h	.20 03
Pour	Lieu	
	Signature of Treasurer	
0	1-15-2003	
	Date Signed	

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balanca is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Signature of Candidate - Required for Candidate's Committee

Date signed

## WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.